



Docket No.: 1163-0363P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Masahiro FUKUDA

Application No.: 09/977,376

Confirmation No.: 3054

Filed: October 16, 2001

Art Unit: 2614

For: OUTPUT INFORMATION CONTROL
DEVICE AND OUTPUT INFORMATION
CONTROL METHOD

Examiner: P. M. Natnael

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

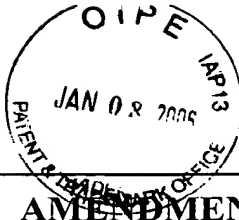
MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated October 5, 2005, please amend the above-identified U.S. patent application as follows:

Remarks/Arguments begin on page 2 of this paper.



1EW

AMENDMENT TRANSMITTAL LETTER				Docket No. 1163-0363P	
Application No. 09/977,376-Conf. #3054		Filing Date October 16, 2001		Examiner P. M. Natnael	
Applicant: Masahiro FUKUDA					
Invention: OUTPUT INFORMATION CONTROL DEVICE AND OUTPUT INFORMATION CONTROL METHOD					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	25	- 25 =	0	x	
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Michael R. Cammarata Attorney Reg. No.: 39,491				Dated: <u>January 3, 2006</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					